Shawnee Mission West High School

FUNDRAISING APPLICATION

RETURN COMPLETED FORM TO DESIGNATED ADMINISTRATOR

1. BENEFITTING ORGANIZATION:_____

2. TEACHER SPONSOR:_____ _____
   Print Name **Teacher Signature**

3. Parent Sponsor:_____ Email/Phone_____

4. Location of Fundraiser: _____

5. DESCRIPTION OF FUNDRAISER:_____

6. DESCRIBE HOW REVENUE WILL BE COLLECTED (and how funds will be kept during the month)

   _____

   _____

7. DATE OF FUNDRAISER: 1ST CHOICE - BEGIN_____ END_____
   2ND CHOICE - BEGIN_____ END_____
   3RD CHOICE - BEGIN_____ END_____

8. PROFITS FROM THIS FUNDRAISER WILL BE USED FOR (must be specific)_____

   _____

   _____

9. WILL FUNDS BE DEPOSITED INTO SCHOOL ACTIVITY/CLUB ACCOUNT? _____
   IF SO, FOLLOW THESE PROCEDURES:
   A) Submit a requisition request to the bookkeeper to pay for the product.
   B) All checks must be made out to Shawnee Mission West High School.
   C) Deposit money daily with bookkeeper. Do NOT hold money overnight.

10. WILL FUNDS BE DEPOSITED INTO PARENT ORGANIZATION ACCOUNT? _____
    IF SO, FOLLOW THESE PROCEDURES:
    A) ENSURE THAT ALL ADVERTISING AND ORDER FORMS CLEARLY STATE THAT THE FUNDS WILL NOT BE GOING TO SHAWNEE MISSION WEST HIGH SCHOOL.
    B) PROVIDE COPIES OF ABOVE MENTIONED ADVERTISING AND ORDER FORMS TO BOOKKEEPING TWO WEEKS BEFORE FUNDRAISER BEGINS.

NOTE: PLEASE SEE BOOKKEEEPING MANUAL FOR CORRECT PROCEDURES BEYOND THOSE MENTIONED ABOVE.

11. ADMINISTRATIVE APPROVAL_____ NOT APPROVED_____
    DATE_____

Updated 9/2018